CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 4		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Michael		Date Received		
NAME	NICKNAME LAST	SUFFIX	ZOI C		
	Apodaca		CITY CLE		
	, ipoddod		A c		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	I 5		
MAILING	3323 Sacramento, El Paso, TX 79930		Date Hand-delivered or Postmarked		
ADDRESS			= 6		
change of address			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed .		
PHONE	(915) 252 - 4520				
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	Ms. Carmen				
	NICKNAME LAST	SUFFIX			
,	Duarte				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER	4615 Bonds Ct. El Paso, TX 79903	J. 1,	2.1 3352		
ADDRESS (residence or business)	4010 Bonds Ot. E11 aso, 17, 79905				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER (915) 562-7122	EXTENSION			
PHONE	(913) 302-7122				
A DEDORT TYPE		-	•		
9 REPORT TYPE	X January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
	July 15 Sth day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)		
		limit			
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	11 / 20 / 2012 THROUGH	12 / 31 /	_		
11 ELECTION	ELECTION DATE ELECTION TYPE		and the second s		
II ELECTION	ELECTION DATE ELECTION 1 YPE Month Day Year Primary	Runoff	General Special		
·	05 / 11 / 2013	T TIGHTON	Gordina		
			The state of the s		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		El Paso City Council District 2			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER SUPPORT & TOTALS	REPORT:	DEDT	FORM C	:/OH
SUPPORT & TOTALS	CITY CLERK	DEP COVER	SHEET	PG 2

14 C/OH NAME Micha	ul Anoc	lac G	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	Control (Control Control Contr	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$50	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GÚARANTEES OF LOANS) \$50				
EXPENDITURE TOTALS				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$343.75	
OUTSTANDING LOAN TOTALS	6. TOTAL F	\$500		
18 AFFIDAVIT		I swear, or affirm, under penalty of perjis true and correct and includes all infor		
DOLORES M. JENKINS NOTARY PUBLIC In and for the State of Texas My commission expires 04-25-2014 me under Title 15 Election Code. Signature of Candidate or Officeholder				
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said heny hehael afodaca, this the				
Dolores Dr.	Jenkins	Dolores M. Jen Kins (Potary	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F:	2 FILER NAME Michael Apodaca		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 12/26/2012	5 Payee name Adrianne Riley Photography					
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 921 Via Descanso, El Paso TX 79912					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (liftrave Photos for campaig	ol outside of Texas, complete Schedule T) In materials			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

	0	Λ	N	9
L	.U	А	ΙN	3

CITY CLERK DEPT.

SCHEDULE E

		2013 JAN 15 1	여 4: 12	•	
The Instruction Guide explains how to complete this form.		1 Total pa	pages Schedule E:		
2 FILER NAME Michael Apodaca 3 ACCOUNT			INT # (Ethics Commission Filers)		
4 TOTAI	OF UNITEMIZED LOANS:	\$\phi\$ \$\phi\$<	⇔	\$ 500	
5 Date of loan 12-11-13	7 Name of lender I	out-of-state PAC (ID#:		9 Loan Amount (\$) \$ 500	
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 3323 Sacramento, El Paso TX 79930			10 Interest rate	
Y (Ñ)				11 Maturity date	
12 Principal occupation / Job title (See Instructions) Self Employed 13 Employer (See Instructions) Self Employed			•		
14 Description of Collateral none 15 Check if personal funds were deposited in the		l into political account			
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
Date of loan	Name of lender [out-of-state PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State; Zip Code			Interest rate	
YN				Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
Description of Collateral		Check if personal funds were deposited into political account			
none					
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NE truction guide for additional re		quirements.	